

FINANCIAL AFFIDAVITRev. 5/98
IN SUPPORT OF REQUEST FOR ATTORNEY OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES

 MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

U. S.

v.s. Reuben
Lacefield

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant—Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony Misdemeanor

18 U.S.C. § 2113(a)

ANSWERS TO QUESTIONS REGARDING FINANCIAL STATUS

Are you now employed? Yes No Am Self-Employed

Name and address of employer:

EMPLOY-
MENT

IF YES, how much do you earn per month? \$ _____

IF NO, give month and year of last employment

How much did you earn per month? \$ _____

If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ _____

If a minor under age 21, what is your Parents or

Guardian's approximate monthly income? \$ _____

ASSETS

OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED

10

SOURCES

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____

CASH

Have you any cash on hand or money in savings or checking accounts? Yes No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT \$ _____

OBLIGATIONS &
DEBTS

DEPENDENTS

MARITAL STATUS

Total
No. of
Dependents

List persons you actually support and your relationship to them

- SINGLE
 MARRIED
 WIDOWED
 SEPARATED OR
 DIVORCED

n/a

DEBTS &

APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Paymt.

MONTHLY

none

\$ _____

\$ _____

BILLS

(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)X Reuben Lacefield DEC 6 2004